Washington, D.C. 20231

	REQUEOR			1
1 Date of Request:	REQUEST FOR PATE	NT FEE REFUND		
	77703 2	Somi		
3 Please refund the Filing	following fee(s)	4 PAPER NUMBER	5 DATE	19369
Amendment			TILED	6 AMOUNT
Extension of T	mo		12/21/04	\$100
Notice of Appea	1/2			\$
Petition				\$
Issue				\$
Cert of Correct	an /n			\$
Maintenance	on/Terminal Disc			\$
Assignment				\$
Other				\$
				\$
		7 TOTAL AMO	\$	
10 REASON:		L ST KEFUNI		
		8 TO BE REF	UNDED BY:	100
Overpayment		Treasury Check		
Duplicate Payment		Cred	it Deposit	A/C #
No Fee Due (Explanation):				
11 PEPINS				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:				
OFFICE: APRILLE: Paralegal				
· · · · · · · · · · · · · · · · · · ·	Journe PAT	PHONE:	308-9	NG.
THIS SPACE RESERVED FOR FI	**************************************	****		170
APPROVED:	OSE ONLY:	******	*****	*****
Instructions for complete				
Instructions for completion of this form appear on the back.				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

BEST AVAILABLE COPY